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Parental/Guardian Consent Form

We at Giving Tree Pediatric Dentistry are giving you this parental consent form to both inform you and to request permission for your child's photo/image to be published on the Giving Tree Dental's Facebook page and/or website.

We as your child's dental provider want to celebrate your child and his/her dental visit! The law requires that we ask for your permission to use information about your child.

Pursuant to law, we will not release any personally identifiable information without prior written consent from you as a parent or guardian. Personally identifiable information includes patient name, photo or image, residential addresses, e-mail addresses and phone numbers.

If you, as the parent or guardian, wish to rescind this agreement, you may do so at any time in writing by sending a letter to our office and such rescission will take effect upon receipt by the office.

Check one of the following choices

I/We **GRANT** permission for a photo/image that includes this patient without any other personal identifiers to be published on the offices public internet site.

I/We **DO NOT GRANT** permission for photo/image that includes this patient to be published on the offices public internet site.

Patients Name:(please print)_____

Signature of Parent/Guardian:(sign)_____

Date:_____